

Speech-Language Pathology Master's Traineeship

HOW TO QUALIFY

The Office of Public Instruction (OPI) Speech-Language Pathology Master's Traineeship was created to defer the costs of master's level coursework and ensure that newly qualified speech-language pathologists teach in Montana schools for at least two years after completing the program. This is not a scholarship opportunity; it is a reimbursement stipend provided for the successful completion of master's level speech-language coursework. Acceptance into the OPI Master's Traineeship will be given to those applicants who have been accepted into a speech-language pathology master's program and are committed to teaching in a Montana public school for at least two years after completing the program.

In order to receive a traineeship, the applicant must:

- Have a bachelor's degree in speech-language pathology or a related field;
- Be enrolled in an accredited speech-language pathology master's program;
- Commit to complete the traineeship within three (3) years and complete the State Board of Speech-Language Pathology and Audiology Licensure requirements for a speech-language pathology license in Montana;
- Develop a planned course of study, outlining the coursework that will be taken during the three (3) years in order to complete the master's degree in speech-language pathology; and
- Commit to work as a speech-language pathologist in Montana schools for a period of two years after completing licensure requirements as a speech-language pathologist.

APPLICANT INFORMATION

| | | | | |
|------------------------|------|------|------------------|-----|
| First Name | | M.I. | Last Name | |
| Home Address | | City | State | ZIP |
| Phone # | Work | Home | E-mail Address | |
| Social Security Number | | | Application Date | |

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QUALIFICATIONS

Degree

| | | |
|---|-------------|-----------------|
| Bachelor's Degree Held | Institution | Date Received |
| Institution where you are enrolled in the speech-language program | | Enrollment Date |

Course of Study

| | |
|---------------------------------------|----------------------|
| Credits Needed for Master's | Total Credits Needed |
| Year One – Planned Course of Study: | |
| | |
| | Total Credits |
| Year Two – Planned Course of Study: | |
| | |
| | Total Credits |
| Year Three – Planned Course of Study: | |
| | |
| | Total Credits |

Employment

| | |
|---|-------------------|
| Current Employer (School District/Coop/Other) Employed | # of Years |
| Position | Supervisor's Name |
| Please describe how you have demonstrated your commitment to teaching in Montana and pursuing speech-language pathology licensure (attach a separate sheet if necessary). | |
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ASSURANCE STATEMENTS

I, _____, am committed to completing the master's degree coursework in three (3) years and completing the State Board of Speech-Language Pathology and Audiology Licensure requirements for my speech-language pathology license in Montana. If for any reason I am not going to complete the coursework within three (3) years I will contact the OPI immediately to discuss the possibility of a stipend extension. Additionally, I am committed to working as a speech-language pathologist in Montana schools for a period of two (2) years after I have completed licensure requirements as a speech-language pathologist.

I, _____, understand that I may be eligible to receive up to \$3,000 per fiscal year (July 1-June 30) to pursue higher education resulting in a speech-language pathology license. I understand that stipend amounts will not cover all tuition expenses and that I am expected to pay school expenses up front because stipends are not released until AFTER each semester course(s) is completed and a final passing grade has been recorded on my transcript. I understand that in order to receive the stipend each year I must be making satisfactory progress in the coursework and have a completed progress report on file with the OPI. I understand that failure to complete the traineeship or provide speech/language services in Montana schools for two (2) years when finished will require me to pay back to the Office of Public Instruction the total amount of funds I received as stipends.

Signature

Date

Check each statement that applies to you and include the documentation for each item checked.

- ☐ **I have demonstrated my commitment to working in the field of education in Montana (i.e., worked as a speech aide, volunteered in a school, etc).**

*Attach a letter of recommendation from someone who can attest to your commitment to working as a speech-language pathologist in a Montana school.

AND

- ☐ **I am enrolled in a master's program for a speech-language pathology degree.**

*Attach a statement from the program director that states you have been accepted into the master's program and the approximate time it will require for completion of the program, i.e., how many years.

Send this completed application package to:

Sara Casey
Program Improvement Specialist
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Office Use Only: Date: _____ Status: _____

Reviewer: _____ Letter: _____